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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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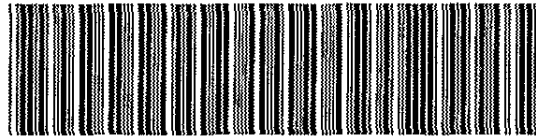
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
FALL ARMOY 2007

DB

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tres Hombres LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard D. Bell, CPA

(Name of Person)

Donovan Bell and Associates, CPA's PA

(Firm/Company)

3670 US Hwy 1 South, Ste. 290

(Address)

St. Augustine, FL 32086

(City/State and Zip Code)

For further information concerning this matter, please call:

  
Richard D. Bell, CPA

(Name of Person)

at ( 904 ) 797-6660

(Area Code & Daytime Telephone Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32314

FILED

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the limited Liability Company is:

Tres Hombres LLC

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

65 Lewis Blvd

65 Lewis Blvd

St. Augustine, Fl 32084

St. Augustine, Fl 32084

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Roy Campbell

Name

65 Lewis Blvd

Florida street address (P.O. Box **NOT** acceptable)

St. Augustine, Fl 32084

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

St. Augustine, Fl 32084

St. Augustine, FL 32084

St. Augustine, FL 32084

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